



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 5362

SERIAL NUMBER 09/939,993	FILING DATE 08/27/2001 RULE	CLASS 392	GROUP ART UNIT 3742	ATTORNEY DOCKET NO. SHP-02003/03	
APPLICANTS Shirley Pollack, West Bloomfield, MI;					
** CONTINUING DATA ***** This application is a CON of 09/617,641 07/17/2000 ABN which claims benefit of 60/144,577 07/19/1999 and claims benefit of 60/159,667 10/15/1999 and claims benefit of 60/173,529 12/29/1999					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/05/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MI	SHEETS DRAWING 7	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 4
ADDRESS Allen M. Krass GIFFORD, KRASS 280 N. Old Woodward, Suite 400 Birmingham, MI 48009 , MI 48009					
TITLE Forced air dryer for infant's bottom					
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		



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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/05/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 7	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

Allen M. Krass
GIFFORD, KRASS
280 N. Old Woodward, Suite 400
Birmingham, MI 48009 , MI
48009

TITLE

Forced air dryer for infant's bottom

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TITLE Forced air dryer for infant's bottom				
FILING FEE RECEIVED 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	